

endocervical canal were referred for gynaecological assessment). The detection of CIN in only 5.8% (19/329) of these women, compared with the finding of histological evidence of CIN in 29% (17/59) of women undergoing colposcopy because they had vulval warts,³ may be of relevance in preventing cervical precancer. The findings in our patients may represent earlier detection than is possible when colposcopic examination is restricted to women with one (or often two or more) abnormal smears.

The question of who should undergo colposcopy may be answered best using principles of epidemiology. Women so investigated should certainly include all those with vulval warts, but including those at risk of infection with HPV also produces a high yield of abnormality. Provision of colposcopy solely for those with viral or other cervical smear abnormalities certainly appears to underdetect abnormal transformation zones.

Walker *et al* referred to the absence of an appreciable reduction in deaths from cervical cancer.³ In women aged under 30 the death rate from this disease has increased threefold from 0.22 per 100 000 in 1968 to 0.69 per 100 000 in 1985. (PHLS CDC, Sexually transmitted disease in Britain, 1985. CDR 87/45 dated 13.11.1987, unpublished.) This increase roughly paralleled the epidemiological curve of the increase in numbers of total new patients attending GUM clinics during the same period.

The collaboration of gynaecologists with genitourinary doctors trained in colposcopy offers input at opposite ends of a range of disease. Surely at a time when resource management will demand validation of cost efficiency, a large multicentre study for three to five years should be established to assess the wider application of colposcopy within departments of genitourinary medicine.

Yours faithfully,

T R Moss

J Hawkswell

G Sharmacharya

Department of Genitourinary Medicine,
Royal Infirmary,
Doncaster DN2 5LT

References

- 1 Walkinshaw SA, Dodgson J, McCance DJ, Duncan ID. Risk factors in the development of cervical intraepithelial neoplasia in women with vulval warts. *Genitourin Med* 1988;64: 316-20.
- 2 Kinghorn GR. Genital warts: incidence of associated genital infections. *Br J Dermatol* 1978;99:405-9.
- 3 Walker PG, Singer A, Dyson JL, Oriel JD.

Natural history of cervical epithelial abnormalities in patients with vulval warts: a colposcopic study. *British Journal of Venereal Diseases* 1983;59:327-9.

TO THE EDITOR, *Genitourinary Medicine*

Low dose oral ofloxacin to treat gonorrhoea in Hong Kong

Sir,

The increasing prevalence of penicillinase producing *Neisseria gonorrhoeae* has necessitated the search for new, simple, and safe alternatives to penicillin to treat patients with gonorrhoea. In 1986 Henderson *et al* reported from Hong Kong that 50% of all new male patients with gonorrhoea were infected by penicillin resistant strains.¹

Ofloxacin is a fluorinated quinolone that blocks bacterial gyrase and is bactericidal. Single dose oral treatment with ofloxacin for uncomplicated gonorrhoea has been reported. Rajakumar *et al* reported a 100% cure in 43 patients treated in Kuala Lumpur using a 400 mg dose of ofloxacin.² Henderson reported a 95% cure in 104 men in Hong Kong with a single 300 mg oral dose.³

During 1987/8 the first 50 men attending the British Military Hospital, Hong Kong, with untreated urethral gonorrhoea were treated with a single 300 mg dose of ofloxacin orally. Gonorrhoea was diagnosed by finding intracellular Gram negative diplococci in the urethral smears or by culture on selective media. All men were asked to refrain from further sexual activity and were examined again on days 7 and 21. Treatment failure was defined as the persistence of gonococci in the urethral swabs either on microscopy or culture when patients had abstained from further sexual intercourse. All 50 men were followed up for 21 days. There were no treatment failures. Eight had postgonococcal urethritis, which was defined by a urethral discharge containing more than 10 polymorphonuclear leucocytes per $\times 1000$ field, but no gonococci, after abstaining from further intercourse. No drug side effects were reported.

The next 50 consecutive men with untreated urethral gonorrhoea were treated with a single 200 mg oral dose of ofloxacin. All were followed up for 21 days; 49 of the men were cured. Postgonococcal urethritis was found in eight. Of the 50 gonococcal infections, 22 were caused by penicillinase producing *N gonorrhoeae*.

The incidence of penicillin resistant strains of *N gonorrhoeae* isolated in men with gonorrhoea in Hong Kong remains at 50%.

Correspondence

Treatment with a single 200 mg dose of ofloxacin is as successful as previously reported treatment regimens using higher doses and provides a simple, effective, and inexpensive treatment for men with gonorrhoea.

Yours faithfully,
BJ Heap

BMH Hong Kong
BFPO 1

References

- 1 Henderson A, Mifsud E, St Martin G, Flindell C. Ampicillin resistant gonorrhoea in Hong Kong. *Genitourin Med* 1986;62:402.
- 2 Rajakumar MK, Ngeow YF, Khor BS, Lim KF. Ofloxacin, a new quinolone for the treatment of gonorrhoea. *Sex Transm Dis* 1988;15:25-6.
- 3 Henderson A. Low dose oral ofloxacin to treat gonorrhoea in Hong Kong. *Genitourin Med* 1987;63:344.

TO THE EDITOR, *Genitourinary Medicine*

Severity of urethritis in Reiter's disease

Sir,

Reiter's disease has been defined by the American Rheumatism Association as being necessarily associated with non-gonococcal urethritis (NGU), which may be low grade and is sometimes detected only from an early morning urethral smear.¹ I carried out a study to assess whether there was any significant difference between the severity of the urethritis in Reiter's disease and that in uncomplicated NGU.

I assessed retrospectively the case notes of 101 patients with Reiter's disease attending the department of genitourinary medicine of the Middlesex Hospital in 1970 to 1979. I excluded patients whose diagnosis was in doubt using the ARA criteria, those about whom information was inadequate, and one woman who satisfied the criteria. The study

Table 1 Point scoring system to assess severity of urethritis

Symptoms or signs	Score
Dysuria	1
Urethral discharge noted by patient	1
Urethral discharge noted by doctor	1
Urethritis* diagnosed from early morning smear only	1
Urethritis* diagnosed without early morning smear	2

*Defined by 10 or more pus cells per high powered field in a urethral smear.